Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9-30-2009</u>	Address:	828 HARRISON	
Case #:	<u>13F74550</u>		RENSSELAER, IN	
County:	<u>JASPER</u>		·	
Type of La	boratory Seizure (check one)	Seizure Location (eizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	□ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): WEST BATHROOM				
 ☐ Red Phosphorous/Iodine Reaction(s); ☐ Flammable Solvents: <u>KITCHEN, GARAGE</u> 				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base: <u>KITCHEN</u>				
Other (item and location):				
∏ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> c/Pseudoephedrine Tracking Log etchant Tip <u>D</u>	
This report is to be faxed to the following agencies that serve the location:				
Health Depa	ment: <u>RENSSELAER</u> artment: <u>JASPER CO</u> ction Service:	Fax: <u>219-8</u> Fax: <u>219-8</u> Fax:	66-4108	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Scott Gilbert Phone 219-696-6242				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case life, and a copy sent to the Clandestine Laboratory Team Leader for retention.